

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035421

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 64

Primary Registration District No. 5247

Registrar's No.

FILED SEP 19 1963

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury Township		c. CITY OR TOWN Salisbury Township	
Length of stay in 1b life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi. South of Salisbury		d. STREET ADDRESS (If outside, give location) 4 miles south of Salisbury	
3. NAME OF DECEASED (Type or print) First John Middle Mitchell Last Fitzpatrick		4. DATE OF DEATH Month Sept. Day 9 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/12/1879
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farm	
11. BIRTHPLACE (City and state or country) Salisbury, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Fitzpatrick		13b. MOTHER'S MAIDEN NAME Rebecca Frances Montgomery	
14. NAME OF HUSBAND OR WIFE Zollie Gooch Fitzpatrick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no	
16. SOCIAL SECURITY NO. 22		17. INFORMANT Mrs. Morrison Wells, Glasgow, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arteriosclerosis DUE TO (b) Generalized arteriosclerosis DUE TO (c) 5 yrs		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from April 6, 1961 to Sept 9, 1963 and last saw him alive on Aug 25, 1963 Death occurred at 20:20 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Salisbury, Mo.	
22c. DATE SIGNED 9-9-63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 9/11/63		23c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery	
23d. LOCATION (City, town, or county) Salisbury, Mo.		24. FUNERAL DIRECTOR Chas. B. Winkelmeyer, Salisbury, Mo.	
25. DATE RECD. BY LOCAL REG. 9-9-1963		26. REGISTRAR'S SIGNATURE Donald W. Perry	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Donald W Berry, Student Embalmer No. 674
working under my personal supervision.

Student

Donald W Berry
Signature of Student Embalmer

Signed

Chas B Winkelmeier

Licensed Embalmer No.

3842

P. O. Address

Salisbury, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.